**[Facility Logo]**

**[Facility Name]**

**Family Assistance Center Plan**

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| 01 | 2018/2019 Grant Year | Entire Document | New Document | FAC Workgroup |
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**Acronyms**

FAC = Family Assistance Center

FRC = Family Reception Center

HCC = Hospital Command Center

PSA = Pediatric Safe Area

**Definitions**

**Family**

The basic unit in society traditionally consisting of two parents rearing their children; *also***:** any of various social units differing from but regarded as equivalent to the traditional family. A group of people united by certain convictions or a common affiliation.[[1]](#footnote-1)

For this document, we will define “FAMILY” as any individual that considers themselves to be part of the patient’s family, even if there is not a legal familial relationship. This includes individuals that other family members characterize as family. This is distinguished from legal next of kin, who may be the individual(s) legally authorized to make decisions regarding the patient.

**Family Assistance Center[[2]](#footnote-2)**

A secure facility established to provide information about missing or unaccounted persons and the deceased, and to provide a “one-stop shop” of services for victims and their loved ones. FACs may also offer assistance with mental health, spiritual care, and a variety of short-term and longer-term needs of affected family members. Depending on the incident, different agencies may be responsible for activation based on pre-established plans. Law enforcement investigations, including interviews and evidence investigations, may also be one of the ongoing activities at the FAC. If the incident was the result of a crime, and where applicable, victims should receive information from experienced staff about their rights, crime victim compensation, and victim assistance. FACs may not be established until 24-48 hours after an incident (and may be located in the same place as the FRC was).

**Family Reception Center[[3]](#footnote-3)**

A centralized, temporary location set up in the immediate hours after an MCI for families and friends seeking vetted/legitimate information about loved ones. This center is a jurisdictional responsibility and the lead agency may vary by event type and according to local policy. The FRC may be open for a few hours following an incident and may not have services/resources available for families. The FRC will then transition to a FAC. Please note that some localities will use the term Family Reunification Center.

**Unaccompanied Minors[[4]](#footnote-4)**

Children who have been separated from both parents, legal guardians, and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

1. **Introduction**

Recent incidents have shown that people will quickly travel: to where they believe they can locate their loved one (e.g., hospitals, known reunification center, incident site); to a location where someone can provide information about their loved one; or—if they were personally affected by the incident—to a location where they can obtain recovery resources.[[5]](#footnote-5)

1. **Purpose**

A Family Assistance Center (FAC) is designed to provide services and emotional support to victims’ families in the event of a mass casualty incident. Services may include registration, completion of missing person registration form, patient status updates, comfort/hospitality, and reunification.

1. **Objectives**

* Provide instructions for hospital management of a Family Assistance Center in response to a mass casualty incident.
* Address special considerations for unaccompanied minors, access and functional needs support, family member support services, and the reunification of unidentified patients with their loved ones.
* Ensure interoperability with local response partners.

1. **Assumptions**

* The hospital is responding to a mass casualty incident.
* The HCC has been activated and determined the need for a FAC.
* Adequate personnel, supplies, and equipment are available.
* Following an MCI, people will flock to hospitals to locate their loved ones without necessarily knowing their location.
* Family may not leave the facility until they have located their loved one.

1. **Disclaimer**

This Family Assistance Center Plan and all of its attachments were prepared with the best-available information at the time of its publication. Some elements of this plan contain fluid components that require ongoing maintenance. It is the intention of [Facility Name] to ensure all information is current; however, ultimately the response to any emergency will be based on the specific event, resources available at that time, and the required response.

1. **Plan Maintenance**

This plan is reviewed annually, in accordance with the CEMP review cycle. In addition, following exercise and real-world response, changes may be made based on experiences or evaluations.

1. **Preparedness**
2. **Location**

Locations should be away from media interaction and other interruptions. The FAC should be close to restrooms and an area where people may be escorted to receive confidential information.

***Note:*** *Based on the event, there may be additional security concerns related to the FAC location. Security staff should be involved in the final decision prior to opening the site.*

[Facility Name] has determined the following locations could be used, based on need.

|  |  |  |
| --- | --- | --- |
| **CALL CENTER** | **Primary** | **Back up** |
| **Location** |  |  |
| **Phone** |  |  |
| **Number of phone lines** |  |  |

|  |  |  |
| --- | --- | --- |
| **FAC** | **Primary** | **Back up** |
| **Location** |  |  |
| **Phone** |  |  |
| **Capacity** |  |  |

1. **Equipment and Supplies**

See Attachment 4: Supplies and Equipment.

1. **Training**

Two types of training are necessary to ensure that a FAC can be activated and operated successfully. First, those persons who have been pre-identified for key staff positions should be trained in advance in order to perform effectively.

Secondly, Just in Time Training (JITT) materials have been developed to provide rapid training for those already familiar with the concept as well as those needed to support operations. *See Attachment 13.*

1. **Exercise**

[Facility Name] conducts exercises to assess the Emergency Managements Plan’s appropriateness, adequacy, and the effectiveness of logistics, human resources, training, policies, procedures, and protocols. Exercising this FAC Plan will provide additional training for those that may be involved in a real world response.

All exercises will incorporate the principles of the National Incident Management System (NIMS), and comply with applicable elements of the Homeland Security Exercise and Evaluation Program (HSEEP).

1. **Response**
2. **Plan Activation**

The Incident Commander will determine when this plan will be activated, in accordance with the emergency response. Once activated, the Public Information Officer will provide staff, family, and media information, as needed. The FAC Branch Director will coordinate FAC staffing, supplies, and equipment.

Incident Occurs

Activate ICS and appropriate response plan

IC activates FAC Plan

Staff called to report to the FAC

Call Center established

Gather and position equipment and supplies

JITT Conducted

Safety/Security inspection

Staff in position to begin receiving families

1. **Command and Control**

[Facility name] manages all emergency response using the Incident Command System. The Family Assistance Center Branch Director is under the [Facility to determine] Section. *See Attachment 5.*

***Note:*** *All response activities listed in this document are under the direction of the Hospital Command Center and will be carried out as directed based on the event and required response.*

| **Role** | **Responsibilities**  ***as appropriate to the event*** |
| --- | --- |
| **Incident Commander** | Decision to open the FAC.  Notify the Switchboard regarding the potential for an increase in calls. Determine the need to call in additional staff to a designated call center. |
| **Liaison Officer** | Provide information to response partners regarding the FAC status.  Contact the Red Cross for support as needed. |
| **Safety Officer** | Inspect the FAC for any safety issues and make corrections as needed. Consider temperature, floor covering, child safety, electrical equipment, and exits. |
| **Public Information Officer** | Provide general information for staff, family, and media, as needed. |
| **Operations Section Chief** | Activate the Family Assistance Center Branch Director.  **Security Branch Director**  Establish security for the FAC and assign appropriate staff.  Ensure the location used can provide the required security based on the event.  Keep media away from the FAC.  Arrange for family escorts as requested. |
| **Logistics Section Chief** | Secure the established FAC location and provide supplies and equipment (see Attachment 4). |
| **Planning Section Chief** | Provide Call Center staff with information regarding what can and cannot be provided to callers. |

***See Attachment 6 for FAC Job Action Sheets.***

1. **Site Operations**
2. **Call Center**

A Call Center may need to be established quickly. Initially this will be staffed by those trained in routine call center operations. Call Center staff may not have an opportunity for just in time training and therefore should be chosen based on prior FAC or similar experience. Social workers, behavioral health staff, or those trained in disaster mental health response should be considered for this role.

Call Center staff will be briefed on appropriate information that can be released and provided with information from the Public Information Officer.

***NOTE:*** *211 may be utilized to manage calls for general information. If 211 is involved, the Public Information Officer will provide facility specific information and ensure that the public is aware of this resource.*

1. **Family Registration**

Family members will be asked to sign in to the FAC (see Attachment 9: Sign in Sheet).

1. **Reunification**

All attempts will be made to locate loved ones. In the event that they cannot be immediately located family members will be asked to complete a Missing Person Form (see Attachment 11). Information should include a description of the missing person (hair color, eye color, build, skin color, tattoos, piercings, clothing, unique/special jewelry, etc.).

When reunification is not possible because an individual is missing, injured, or killed, how and when this information is provided to families is critical. [Facility Name] will have social workers, clergy, and mental health providers available in the FAC as needed.

[Facility Name] will ensure HIPAA compliance, as well as patient request, in providing information to those representing themselves as family members.

1. **Staffing**

Staff numbers will depend on the size of the response. It may be that only the FAC Branch Director will be needed to manage a few family members, or there may be a need for many staff to manage a much larger emergency event. *See Attachment 5: Staffing Flow Chart and Attachment 6: Job Action Sheets.*

1. **Unaccompanied Minors**

According to the National Center for Disaster Medicine and Public Health (NCDMPH), previous disasters have shown that unaccompanied minors may present at a healthcare facility seeking information or whereabouts of loved ones.

Unaccompanied minors presenting at the FAC will require taking a number of specific actions to ensure their safety, security, and health. The following should be considered:

* Assign a staff member to oversee an area specifically designated for unaccompanied minors.
* Establish security measures in the unaccompanied minors area.
* Consider instances that the minor may need to be escorted out of the FAC, such as to use the restroom.
* Ensure availability of social workers and/or mental health staff, if needed.
* Document the identity of unaccompanied minors, including photograph. *See Attachment 12.*
* Consider using an identifying wristband.
* Follow hospital protocol regarding the return of a minor to the custody of an adult.

**Definitive Patient Identification[[6]](#footnote-6)**

It is essential that children are definitively identified and matched to their legal custodial parent/guardian before release from the hospital. Accurate identification of children before releasing them from the hospital is key to preventing harm. Mistaken identity may lead to

* Release of a child to the wrong family
* Release of a child to an unauthorized noncustodial parent
* Delay of reunification with the child’s actual family (This affects both the child and the family.)
* Failure to identify significant medical and other conditions important to the care of the child

Most children will be able to self-identify verbally, as well as identify their parents. Children who are able to identify both themselves and their parents can typically be released to their parents following usual hospital policies. Examples of typical hospital policies may include

* Confirm the identity of children/parents if:
  + Person verbally identifies self or has identification.
  + Photographs, biometrics, or another identified person can be used to identify the child.
  + There is a match to answers for templated parent/child questions, such as favorite toy/blanket, name of teacher, school, name of pet, or family safe word.
* Use technology or other data to identify the child/parent if identity cannot be confirmed as above. Examples include:
  + DNA samples of child-caregiver pair to address future concerns (Hospitals may already have such a system in place for collecting forensic samples.)
  + Palm printing, a newer technology that can trace the venous system of the hand, creating a unique image
  + Fingerprinting
  + Photograph of child-caregiver pair
  + Registration of child-caregiver pair with protective services

It is important to remember, however, that during disaster events, austere conditions may require special adaptations of the usual hospital policies because usual data and systems may be adversely affected. Such conditions may include

* Hospital computer or registration systems (or both) may not be functioning.
* No Internet access may be available.
* Presenting caregivers may not be able to produce legal identification.
* Presenting caregivers may not be able to produce photographs of the child.
* Governmental child services teams may be unavailable to assist, or could be overwhelmed.
* Local law enforcement may be unavailable to assist, or could be overwhelmed.

**Family Reunification Following Disasters[[7]](#footnote-7)**

For those children who cannot be definitively identified, it is recommended that hospitals develop procedures to safely maintain care for all unidentified children until they can later be definitively reunited with their families. This includes planning for a PSA *and* is described later in this tool. [Note: PSA=Pediatric Safe Area. The entire tool is NOT included in this document – see link in footnote.]

Children may not be able to self-identify if they are nonverbal because of developmental age, illness, or ability. In addition, it is possible that some children’s usual guardians may not be able to assume care because they are injured or unable to be located. Alternatively, the guardians may have experienced an extreme loss of resources and may be unable to safely care for the child at the time of release from the hospital.

For children unable to be reunited with a parent / legal guardian, the state’s child protective services should be notified to take emergency custody. Protective services will work with law enforcement personnel to continue the search for the legal custodians and will work with hospital personnel to arrange temporary placement for the child, as either a temporary social admission to the hospital or placement with a child’s relatives or a foster family.

The timeline for transferring unaccompanied minors to foster care or specialized care, when applicable, differs depending on specific state criteria and the particulars of the disaster. Service options could range from immediate transfer to foster care to delayed transfer following an extended period of time. To expedite the reunification process for children placed into foster care, courts may choose to issue an order stating that children may be immediately released from foster care and back to their parents / legal guardians once they are located and identification is confirmed.

Health care facilities should take care to familiarize themselves with state laws regarding unaccompanied minors in advance of a disaster and adjust planning efforts accordingly.

1. **Communications**
2. **Internal**

**Staff Information**

The Public Information Officer will ensure staff notification of the event and the activation of the FAC.

**Family Information**

General informational updates will be provided on a regular basis. Patient specific information will be provided to family members when available, by appropriately trained staff.

Translators or translation services will be available as needed.

1. **External**

The Public Information Officer will manage media inquiries and establish a public information area or work with a local/regional Joint Information Center, as appropriate to the response. See the Communications Plan for additional information related to media/social media response.

The Incident Commander or Liaison Officer will notify the local Office of Emergency Management, Health Department, and NYSDOH to report hospital activities related to the activation of a FAC.

Additional notifications based on the event and required response may include law enforcement, in the event of an intentional act, and the American Red Cross if reunification support is needed. *See Attachment 14 for information regarding the American Red Cross and the Health Insurance Portability and Accountability Act (HIPAA).*

1. **Confidentiality[[8]](#footnote-8)**

Providers and health plans covered by the HIPAA Privacy Rule can share patient information in all of the following ways:

**TREATMENT:** Health care providers can share patient information as necessary to provide treatment.

Treatment includes:

* sharing information with other providers (including hospitals and clinics),
* referring patients for treatment (including linking patients with available providers in areas where the patients have relocated), and
* coordinating patient care with others (such as emergency relief workers or others that can help in finding patients appropriate health services).

Providers can also share patient information to the extent necessary to seek payment for these health care services.

**NOTIFICATION:** Health care providers can share patient information as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition, or death.

The health care provider should get verbal permission from individuals, when possible; but if the individual is incapacitated or not available, providers may share information for these purposes if, in their professional judgement, doing so is in the patient's best interest.

* Thus, when necessary, the hospital may notify the police, the press, or the public at large to the extent necessary to help locate, identify, or otherwise notify family members and others as to the location and general condition of their loved ones.
* In addition, when a health care provider is sharing information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, it is unnecessary to obtain a patient's permission to share the information if doing so would interfere with the organization's ability to respond to the emergency.

**IMMINENT DANGER:** Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public -- consistent with applicable law and the provider's standards of ethical conduct.

**FACILITY DIRECTORY:** Health care facilities maintaining a directory of patients can tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition. *[Note: Information will not be shared if the patient has requested that information be blocked.]*

1. **Security**

[Facility Name] will follow current protocol related to facility security. Concerns related to a family assistance center activation following an emergency event may include child custody and domestic violence issues.

Security staff and FAC staff will watch for potential security concerns and notify leadership when appropriate. Law enforcement will be contacted as needed.

1. **ID Requirements**

Facility policy will be followed regarding ID requirements related to providing patient information. If there is a question regarding providing information, the [Facility Authority Title] will be contacted.

Unidentified patients will be handled on a case by case basis looking for consistent information such as: vehicle involved, hair color, eye color, clothing, tattoos, or other identifying factors.

For information related to minors see “Unaccompanied Minors” under “Site Operations” above.

1. **Privacy**

All attempts will be made to ensure a private area is available when family members are provided with potentially upsetting information. Staff members trained in disaster mental health response may be available to provide assistance in these areas.

1. **Recovery**

All emergency response ends in a recovery period. The Command Center will determine when the Family Assistance Center is no longer needed. See [Facility Name] Recovery Plan for additional information.

**References**

American Academy of Pediatrics/Massachusetts General Hospital. July 2018. *Family Reunification Following Disasters: A Planning Tool for Healthcare Facilities.* <https://www.aap.org/en-us/Documents/AAP-Reunification-Toolkit.pdf>

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Commonwealth of Virginia. July 2011. *Family Assistance Center Plan.* <http://www.vaemergency.gov/wp-content/uploads/drupal/2011_July_Family_Assistance_Center_Plan_2011_July.pdf>

Los Angeles County. June 28, 2013. *Family Information Center: Planning Guide for Healthcare Entities*. <https://www.calhospitalprepare.org/sites/main/files/file-attachments/fic_planning_guide_final_062813_v62_0.pdf>

Perdue University. January 5, 2018. *Family Assistance Center Plan.* <https://www.purdue.edu/ehps/emergency_preparedness/docs/Attachment%2015--Family%20Assistance%20Center%20Plan.pdf>

**Attachment 1: Support Organizations**

|  |  |
| --- | --- |
| **2-1-1 Lifeline**  *2-1-1 /LIFE LINE is a 24/7 crisis/suicide intervention program and Information & Referral (I&R) service serving Monroe, Wayne, Ontario, Livingston, Cayuga and Seneca Counties.  We offer assistance and referrals for emergency food, shelter, clothing, crisis counseling, substance abuse issues, employment, financial and legal issues, physical and mental health needs, and more. If you need help, just ask!* | Dial 2-1-1 or 1-877-FLNY2-1-1 (1-877-356-9211), accessible 24 hours a day, seven days a week, including holidays, with Spanish-speaking telecounselors and telephone translation services available.  <https://211lifeline.org/> |
| **American Red Cross Finger Lakes Chapter**  Serving Chemung, Schuyler, Seneca, Steuben, Wayne and Yates Counties. | 123 West Market Street Corning, NY 14830 Phone: 607-936-3766 Fax: 607-936-0287  Website: <http://www.redcross.org/local/new-york/western-central-new-york/chapters/finger-lakes> |
| **American Red Cross of Greater Rochester**  [Serving Livingston,Monroe, and Ontario Counties.](http://www.redcross.org/ny/rochester) | 50 Prince Street  Rochester, NY 14607  Phone: 585-241-4400  Fax: 585-241-4464  Website <http://www.redcross.org/ny/rochester> |
| **American Red Cross of Western and Central** | 344 West Genesee Street  Syracuse, NY 13202  Phone: 315-234-2200  Website: <http://www.redcross.org/local/new-york/western-central-new-york> |
| **Family Promise of Ontario County**  Family Promise of Ontario County (FPOC) provides a safe place to rest heads at night, meals and access to support services to children and families who are homeless. FPOC is a cost-efficient, effective way to help homeless children and their families become sustainably independent. | ​585-410-4654  <https://www.familypromiseontariocounty.org/> |
| **National Emergency Child Locator Center**  NECLC is only activated at the request of a State to support Presidentially-declared disasters. | 1-866-908-9570  1-877-908-9570  <https://www.fema.gov/how-do-i-find-my-family> |
| **NYSDOH Duty Officer Albany**  If calling this number, they will ask if it is an emergency. If yes, they will put you through to a person. If no, someone will call you back within 24 hours. They will contact the Regional State DOH Administrator on duty if instructed to do so. | 866-881-2809 |
| **Safe and Well**  Concerned family and friends can search the list of those who have registered themselves as “safe and well” by clicking on the “Search Registrants” button. The results of a successful search will display a loved one’s first name, last name, and a brief message. | <https://safeandwell.communityos.org/cms/index.php> |

**Attachment 2: Operational Checklist**

* Command decision to open a Family Assistance Center (FAC).
* HCC will direct call down of pre-identified FAC staff.
* Logistics will secure the established FAC location and provide supplies and equipment. See Attachment 4.
* Notify Switchboard of the potential for an increase in calls and need to call in additional staff.
* Safety Officer inspects the FAC for any safety issues and makes any corrections needed.
* Security Branch Director establishes security for the FAC and appropriate staff are assigned.
* Position signage.
* Security Branch Director arranges for family escorts as needed.
* FAC Branch Director will notify the HCC when the FAC is operational.

**Attachment 3: Sample Flow Pattern**

**ENTER**

**Greeter Station**

**Waiting Area**

(can also be used to complete forms)

**Sign in Area**

Other agencies may be present in this location.

**Unaccompanied Minors**

(security representatives will be located here)

**Quiet Area**

Chaplin / Social Work services may be available in this location.

**EXIT**

**Attachment 4: Supplies and Equipment**

**Suggested Supplies and Equipment**

Computers

Printer / copier

Signage

Dry erase board and markers

Digital camera (or phone may be used)

Tables and chairs

Phones

Radios

Language line or interpreter services

Copies of the Family Assistance Center Plan

List of outside resources (FAC Plan Attachment 1) that can be provided to family members

Consider activities for children

**Office supplies:**

* Staplers, staples, staple remover
* Paper clips
* Assorted pencils, pens, markers, highlighters
* Folders
* Paper, note pads, post-it notes
* Masking tape
* Scotch tape
* Scissors
* Clipboards

**Forms:**

* Signs
* Site Flow Pattern
* Staffing Flow Chart
* Job Action Sheets
* Staff Sign in Sheets
* Family Sign in Sheets
* Family Registration Form
* Unaccompanied Minor Registration and Tracking Form
* Just in Time Training Script

**Other:**

* Tissues
* Trash cans
* Hand sanitizer
* Books and magazines
* Toys, paper, crayons, markers
* Blankets
* Snacks
* Water
* Cups and napkins

**Attachment 5: Staffing Flow Chart**

[Facility to determine] Section Chief

Family Assistance Center Branch Director

Assistant/Runner

Call Center Leader

Greeter/Reception

Family Liaison

Unaccompanied Minor Supervisor

Just in Time Training Instructor

**Attachment 6: Job Action Sheets**

**Family Assistance Center Branch Director**

**Reports to ([Facility to determine] Section): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission:** *Organize and manage the operations of the Family Assistance Center, including personnel, equipment, and supplies. Provide family information and reunification services following a mass casualty incident.*

***Preferred Skills:***

* *Exceptional interpersonal and organizational skills*
* *Exceptional problem-solving skills*
* *Ability to communicate well verbally and in writing*
* *Experience managing staff and assigning tasks*
* *Knowledge of office machines and equipment preferred*
* *Bilingual skills useful (e.g. Spanish, ASL)*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Work with Logistics to obtain staff needed to operate the FAC.
* Work with assigned staff to set up the FAC.
* Brief FAC staff on the current situation and communicate standard operating procedures. (Just in Time Training)
* Assign Job Action Sheets.
* Ensure that all necessary paperwork is completed.
* Monitor status of supplies and request as needed.
* Provide healthy snacks and water for people in the waiting areas. Consider culturally and situationally appropriate food and beverages.
* Ensure regularly scheduled Family Briefing sessions.
* Continually reassess operational status and needs.
* Monitor staff for signs of fatigue and stress. Ensure staff downtime.
* Debrief and thank all staff at the end of their shift.
* Provide regular reports to your direct supervisor.
* Brief incoming FAC Branch Director at the end of your shift.
* Document all key activities, actions, and decisions on an ICS Form 214: Operational Log, on a continual basis.

**Assistant / Runner**

**Reports to (FAC Branch Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission:** *Provide direct assistance to the Family Assistance Center Branch Director.*

***Preferred Skills:***

* *Exceptional interpersonal and organizational skills*
* *Exceptional problem-solving skills*
* *Ability to communicate well verbally and in writing*
* *Experience managing staff and assigning tasks*
* *Knowledge of office machines and equipment preferred*
* *Bilingual skills useful (e.g. Spanish, ASL)*
* *Ability to stand and/or walk for extended periods of time*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Assist in setting up FAC.
* Ensure adequacy of supplies and distribute as needed.
* Assist with any food and water needs.
* Update patient information as received (ensure HIPAA compliance) and share with appropriate staff.
* Ensure staff sign in / sign out procedures are being followed.
* Assume role of FAC Branch Director, as needed.
* Brief incoming Assistant / Runner at the end of your shift.

**Greeter / Reception**

**Reports to (FAC Branch Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission:** *Greet individuals entering the FAC.**Interview family members and provide available information. Responsible for registration of staff and family members.*

***Preferred Skills:***

* *Exceptional interpersonal and organizational skills.*
* *Exceptional problem-solving skills.*
* *Ability to communicate well verbally and in writing.*
* *Ability to relate to diverse populations.*
* *Calm under pressure.*
* *Bilingual skills useful (e.g. Spanish, ASL)*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Assist in setting up FAC.
* Greet family members when they enter the FAC and direct them to the Reception Area.
* Be cognizant of those with mental/physical disabilities and provide assistance as needed.
* Have staff and family sign in on appropriate forms.
* Provide site specific ID for staff (i.e., vests, lanyards, etc.).
* Validate ID of any outside agencies (i.e., Red Cross).
* Assign a FAC staff member to each family member and follow up with FAC staff regarding assignments.
* Request any needed supplies from your direct supervisor or the Assistant / Runner.
* Answer questions according to your ability.
* Brief incoming Greeter/Reception staff at the end of your shift.

**Family Liaison**

**Reports to (FAC Branch Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission:** *Provide comfort, support, and reunification information when available.**Should include clergy, social work, behavioral health staff.*

***Preferred Skills:***

* *Exceptional interpersonal and organizational skills*
* *Exceptional problem-solving skills*
* *Ability to communicate well verbally and in writing*
* *Ability to relate to diverse populations.*
* *Calm under pressure.*
* *Bilingual skills useful (e.g. Spanish, ASL)*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Assist in setting up FAC.
* Track family members as assigned and ensure notification regarding the status of their loved one.
* Coordinate the process of reunification of families with admitted patients.
* Work with the Unaccompanied Minor Supervisor regarding any unification involving minors.
* Provide for physical needs including water and meals/snacks.
* Request any needed supplies from your direct supervisor or the Assistant / Runner.
* Answer questions according to your ability. Redirect other questions to the FAC Branch Director.
* Brief incoming Family Liaison at the end of your shift.

**Unaccompanied Minor Supervisor**

**Reports to (FAC Branch Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission:** *Provide comfort, support, and reunification when available.**Should include clergy, social work, behavioral health staff.*

***Preferred Skills:***

* *Exceptional interpersonal and organizational skills*
* *Pediatric experience*
* *Exceptional problem-solving skills*
* *Ability to communicate well verbally and in writing*
* *Ability to relate to diverse populations.*
* *Calm under pressure.*
* *Bilingual skills useful (e.g. Spanish, ASL)*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Assist in setting up FAC.
* Oversee the supervision of unaccompanied minors. They should be in a separate or separated location. Consider social work or pediatric trained staff assistance.
* Completed an Unaccompanied Minor Registration and Tracking Form for each minor.
* Ensure ongoing tracking and final disposition for each minor.
* Provide age appropriate entertainment.
* Provide for physical needs including water and meals/snacks.
* Coordinate the process of reunification of minors with parent/guardian.
* Ensure that unaccompanied minors are not released to an adult without positive identification of an appropriate relationship. See hospital policy [list policy].
* Request any needed supplies from your direct supervisor or the Assistant / Runner.
* Answer questions according to your ability. Redirect other questions to the FAC Branch Director.
* Brief incoming Unaccompanied Minor Supervisor at the end of your shift.

**Call Center Leader**

**Reports to (Family Assistance Center Branch Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission:** *Responsible for the coordination and managing of call center activities.*

***Preferred Skills:***

* *Exceptional interpersonal and organizational skills*
* *Exceptional problem-solving skills*
* *Ability to communicate well verbally and in writing*
* *Ability to relate to diverse populations.*
* *Calm under pressure.*
* *Bilingual skills useful (e.g. Spanish, ASL)*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Work with hospital switchboard regarding what calls should be forwarded to Call Center lines.
* Assign staff members to follow up on calls directly related to the event and hospital response.
* Maintain up to date information to be shared with those calling for information.
* Ensure HIPAA compliant communications by all those managing phone lines.

**Just in Time Training Instructor**

**Reports to (Family Assistance Center Branch Director): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mission: *Provide training on FAC responsibilities.***

***Preferred Skills:***

* *Good teaching / presentation skills.*
* *Good interpersonal skills and a desire to educate others.*

**Duties to Perform:**

* Read entire Job Action Sheet.
* Obtain briefing from direct supervisor.
* Assist in setting up Family Assistance Center.
* Provide training to prepare staff to perform various jobs, according to current FAC needs. *See Family Assistance Center Plan Attachment 13: Just in Time Training.*
* Request any needed supplies from your direct supervisor or the Assistant / Runner.
* Answer questions according to your ability. Redirect other questions to the FAC Branch Director.
* Brief incoming Instructors at the end of your shift.

**Attachment 7: Signage**

**FAMILY ASSISTANCE CENTER**

**QUIET AREA**

**RECEPTION AREA**

**WAITING AREA**

**Attachment 8: Staff Sign in Sheet**

**Staff Sign in Sheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Check In** | | | **Check Out** | | | |
| **First Name** | **Last Name** | **Assignment Location** | **Job Action Sheet and Training Received?** | **Date** | **Time** | **Initials** | | **Date** | **Time** | **Initials** | |
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**Attachment 9: Family Sign in Sheet**

**Family Sign in Sheet**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name** | **Patient Name** | **FAC Staff Member Assigned** | **Patient Located? (note location)** | **Arrival Date / Time** | **Departure Date / Time** | **Comments / Follow-up** |
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**Attachment 10: Call Center Guidelines**

According to the US Department of Health and Human Services, health care providers can share patient information as necessary to identify, locate and notify family members, guardians, or caregivers of the individual’s location, general condition, or death.

1. **Registered/Admitted Patient Inquiries**

When a call is received by the hospital switchboard, inquiring about a patient in the Emergency Department or in-house, the call will be forwarded to the Call Center. Call Center staff will verify:

* Name of person calling
* Patient Name
* Relationship to patient
* Call back telephone number

Call Center staff will tell people who call or ask about individuals whether the individual is at the facility, their location in the facility, and general condition. *[Note: Information will not be shared if the patient has requested that information be blocked.]*

1. **Inquiries regarding a patient transported during a MCI, that has not been registered at the hospital**

When a call is received inquiring about a patient that has not been registered, Call Center staff will:

* Obtain call back information from the caller, including (Family Registration Form will be used):
  + Name of person calling
  + Patient or missing person name
  + Relationship to patient/missing person
  + Call back phone number
* Give the completed form to the Call Center Leader for follow up, if the individual becomes registered or admitted to the facility.
* Provide Red Cross information to callers, as available and according to the event.

**Attachment 11: Family Registration Form**

This tracking form is to be given to each family that enters the FAC in order to obtain information about the patient that the family is looking for, as well as family information, to include the number of people in the FAC.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient Information** | | | | | | | | | |
| **Last Name** | | **First Name** | | | | **Nickname person goes by** | | | |
| **Date of Birth** | **Age** | | | **Gender** | | | **Height** | | **Weight** |
| **Eye Color** | | | **Hair Color** | | | | | **Skin Tone** | |
| **Race** | | | **Languages Spoken** | | | | | **Location Last Seen** | |
| **Unique Markings (tattoos, piercings, scars, etc.)** | | | | | | **Unique Jewelry** | | | | | |
| **Other Descriptive Information (dentures, facial hair, glasses, prosthesis, fingernails, etc.)** | | | | | | | | | | | |

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| --- | --- |
| **Family Information** | |
| **Family Primary Contact** | **Relationship:**  **Languages Spoken:** |
| **Preferred Contact**  Name:  Phone:  Languages Spoken: | **Secondary Contact**  Name:  Phone:  Languages Spoken? |
| **Additional Family Members Present**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

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| **This Page to be Completed by FAC Staff** | | |
| **Date \_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_**   * **Waiting for patient** * **Waiting for reunification** * **Reunited** * **Waiting for patient location** * **Departed to patient location** | | **Comments**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Additional Notes** | | |
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**Attachment 12: Unaccompanied Minor Registration and Tracking Form**

This tracking form is to be completed by a staff member for each unaccompanied minor present in the FAC. The staff member should speak with the individual to obtain the necessary information. A photo of the individual should also be taken and attached to this document. This information will be used to reunify the individual with their guardian.

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| --- | --- | --- | --- | --- | --- |
| **FAC ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Last Name of Minor** | | | **First Name of Minor** | | |
| **Parent / Guardian Name (s) / Phone** | | | **Home Address** | | |
| **Arrival Date / Time** | | | **Accompanied By** | | **Siblings** |
| **Age** | | **DOB** | | **Height** | | **Weight** | |
| **Eye Color** | | **Hair Color** | | **Gender** | | **Language** | |
| **Distinguishing Marks** | | | | **Other Descriptive Information** | | | |
| **PHOTO** | | | | | | | |
| **Complete the following when the minor temporarily leaves the safe area:** | | | | | |
| **Time Out** | | **Destination** | | **Escorted By** | **Time Returned** |
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| **This Page to be Completed by FAC Staff** | | | | | |
| **STATUS**   * **Identified Time: \_\_\_\_\_\_\_\_\_\_\_** * **Reunited Time: \_\_\_\_\_\_\_\_\_\_\_** * **Waiting for guardian / family to be identified Time: \_\_\_\_\_\_\_\_\_\_** * **Waiting for guardian / family to be contacted Time: \_\_\_\_\_\_\_\_\_** * **Guardian / family is on their way Time: \_\_\_\_\_\_\_\_\_**   **Guardian’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Arrival Time: \_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Departure Information** | | | | | |
| **Guardian ID Source** | | | **Guardian ID Checked**  Yes / No | | |
| **Guardian Name** | | **Guardian Signature** | | **Guardian Phone #** | |
| **Guardian Photo or Copy of Photo ID** | | | | | |
| **Staff Name** | | **Staff Signature** | | | **Departure Date / Time** |
| **Additional Notes** | | | | | |
| **Date/Time** |  | | | | |
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**Attachment 13: Just in Time Training**

**This list includes information that should be covered during just in time training. Each facility should add their specific information where needed.**

1. Overview of the incident – “why are you here”
2. Current incident objectives
3. Code of conduct / ethics
4. HIPAA privacy

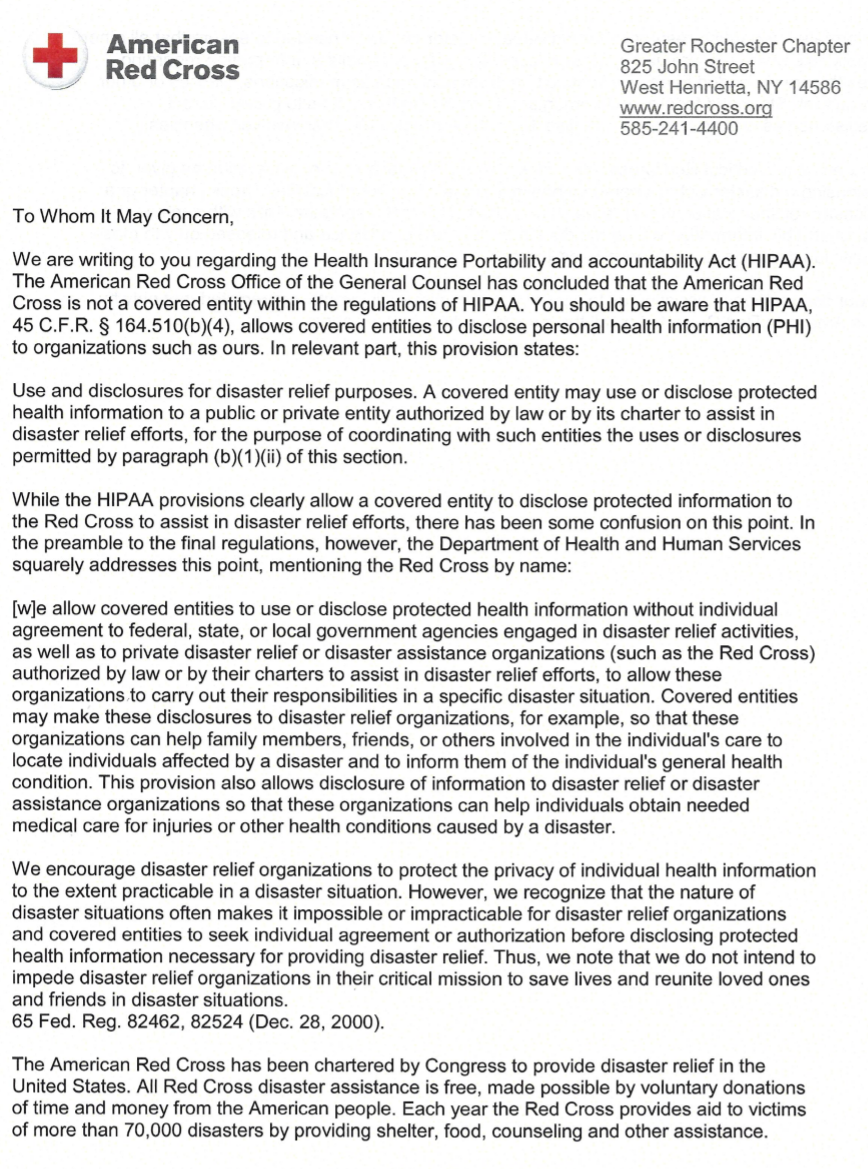
**Facility Specific Training**

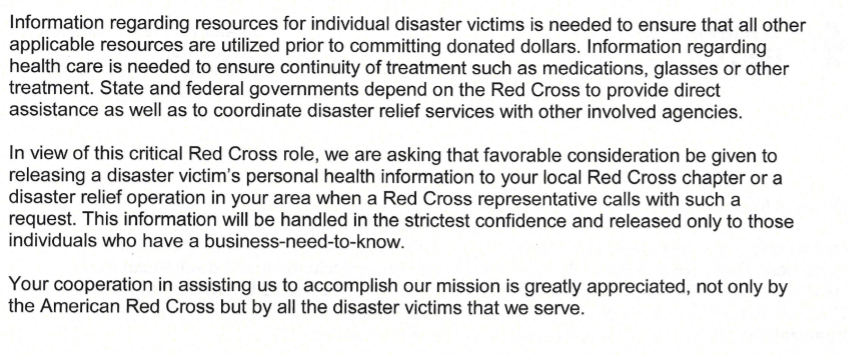
1. Chain of command
2. Review of security procedures
3. Safety information including

* Fire
* Emergency equipment
* Emergency codes

1. Job specific training including use of specific documents/forms
2. Clothing/uniform/ID
3. Facility floor plan/map
4. Location of supplies
5. Check in and check out procedures

**Attachment 14: Red Cross HIPAA Requirements**





1. Merriam Webster Dictionary <https://www.merriam-webster.com/dictionary/family> [↑](#footnote-ref-1)
2. ASPR-TRACIE. Aug 2018. Tips for Healthcare Facilities: Assisting Family and Loved Ones after a Mass Casualty Incident. <https://files.asprtracie.hhs.gov/documents/aspr-tracie-family-assistance-center-fact-sheet.pdf> [↑](#footnote-ref-2)
3. IBID [↑](#footnote-ref-3)
4. National Center for Missing & Exploited Children. <https://umr.missingkids.org/umr/reportUMR;execution=e1s1;jsessionid=A8766666A08B34FB6C9CCB0A87BD0396?execution=e1s1> [↑](#footnote-ref-4)
5. ASPR-TRACIE. Aug 2018. Tips for Healthcare Facilities: Assisting Family and Loved Ones after a Mass Casualty Incident. <https://files.asprtracie.hhs.gov/documents/aspr-tracie-family-assistance-center-fact-sheet.pdf> [↑](#footnote-ref-5)
6. American Academy of Pediatrics/Massachusetts General Hospital. July 2018. *Family Reunification Following Disasters: A Planning Tool for Healthcare Facilities.* <https://www.aap.org/en-us/Documents/AAP-Reunification-Toolkit.pdf> [↑](#footnote-ref-6)
7. American Academy of Pediatrics/Massachusetts General Hospital. July 2018. *Family Reunification Following Disasters: A Planning Tool for Healthcare Facilities.* <https://www.aap.org/en-us/Documents/AAP-Reunification-Toolkit.pdf> [↑](#footnote-ref-7)
8. HHS. 09.02.05. *Health Information Privacy*. <https://www.hhs.gov/hipaa/for-professionals/faq/960/can-health-care-information-be-shared-in-a-severe-disaster/index.html> [↑](#footnote-ref-8)